V. S. No. 1.

N. B.

arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT carefully supplied. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in piain terms, s DEATH in plain terms. Important.

County Queen annie Village or City Near Centroille (No.

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration	Dist.	No.

Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and comber.]

Laura Barnes

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Cald, Single, Widowed, Smight (Write the word)	16 DATE OF DEATH FILE - 26 -, 1914 (Month) (Day (Year)
DATE OF BIRTH April - 10 - 19/2 (Month) (Day (Year)	that I last saw here silve on Feb 25 1914
7 AGE If LESS that 1 day,hrs	and that death occurred on the date stated above, at 10.3 Am
OCCUPATION (a) Trade, profession, or particular kind of work	Lotrar Theuman
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmos/_ds.
State or country) Que Aunt lo, M.	Gontributory Secondary
10 NAME OF Edmond Parme	(Signed) W Jeun Fraher M. D.
11 BIRTHPLACE OF FATHER (State or country) 2000 Anne Co. 12 March NAME OF MOTHER OF MOTHER 11 BIRTHPLACE OF FATHER (State or country) 2000 Anne Co.	
of MOTHER Mary Talson	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Quiu Aunu (At place io the of deathyrsmosds. Stateyrsmosds.
(Informant) Sallie Wryht	Where was disease confracted, if oot at place of death? Former or usual residence
(Address) Centreville Ma.	Burrisville md 2-27-, 1914
Filed Feb 27, 1914 Any Journe	Poly Mestine Outer

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. it should be used only when needed. As examples: "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia disease of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARII 1914
BUREAU. V.S.

PHYSICIANS should RECORD PERMANENT classified. D THIS Properly AGE INK supplied UNFADING may certificate. 80 50 WITH back terms, 6 plain Instructions information 5 DEATH WRITE ō OF mportant. CAUSE 8 ż

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDDWED. ORDIVERCED (Write the word) (Month) (Day (Year) (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at... f day,.....hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the yrs. mos. State . __ ds. Where was disease contracted. MY KNOWLEDGE If not at place at death?. Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

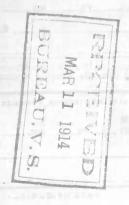
20 UNDEBTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenelature of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory tetanus) may be stated under (Recommendations on statement of (secondary or intercurrent) State cause for For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH County Free Commo near Village or City Centreville (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDGED, OR DIVORCED (Write the word) 3 DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH Feb. 23, 1914 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from Feb. 20- 1914, to Feb. 23- 1914, that I last saw him allyeon Feb. 22- 1914
** OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	and that death occurred on the date stated above, at 1.1. m., The CAUSE OF DEATH * was as follows: Lobar Precuration
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Jollan Cold . — Secondary
10 NAME OF FATHER John H. Corter 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
of Mother Med Brown 13 BIRTHPLACE OF MOTHER (State or country) Maryland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John H Conten	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?— Former or usual residence.
(Address) Centreville MA 16 Filed Fish 24, 1914 Ray Turmer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE 2 4, 191 4 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulit should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Heart failure," "Hacmorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senilc," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

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County	PLAC	E OF D	ar ar	186	0
Williams			treor		



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 25

Dr Cabbage

	4.	325		4
2	t.;-	 W	ar	a)

fit death occurred le

	FULL NAME albert Cherr	a hospital or institution, give its NAME instead of streef and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	nale Color or RACE Single, Married Wiowed, World (Write the word)	18 DATE OF DEATH Ful - 23 - 191 (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw him allys on Fuf 22 1/ Phy 1914.
TA		and that death occurred on the date stated above, at 2 .m. The CAUSE OF DEATH+ was as follows:
(a)	CCUPATION) Trade, profession, er flower Labor ricular kind of work	and of sheaton of the bowel
bus	General nature of Industry, iness, or establishment in ich employed (or employer)	Contributory Chatruction y the howel
ITS	(State or country) Julew Church lo. Md. 10 NAME OF PATHER POH. There 11 BIRTHPLACE OF FATHER (State or country) July Aure Q. Yung (State or country)	Secondary Perstonitis (Duration) yrs mos 8 ds. (Signed) It G. Coppagy, M. D. Flut 2 4, 191 4 (Address) Church Hill
PARENT	(State or country) Luw Ume Go, mu 12 MAIDEN NAME China Sible	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Zuew Aime & ins	Af place In the ot death yrs, mos ds. State yrs, mos ds
	(Informant)	Where was disease contracted, If not at place of death? Former or osual residence.
15 Fil	106 2-25, 191 H Mary BEGISTERS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAISER CHEWOUIS ADDRESS CONTROVILLE TANK AND THE STATE OF BURIAL ADDRESS CONTROVILLE TANK ADDRESS CO
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; been changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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MAR 11 1914
BUREAU. V.S.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 6

Ward)

[It death occurred in

	FULL NAME Boly Coker-	a nospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17, I HEREBY CERTIFY, That I attended deceased from
	Teb- 14th (Month) (Day (Year)	Feb. 14-, 1914, to Feb. 14-, 1914, that I last saw h alive on 191
	It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a pa (b bu wi	Al Trade, protession, or articular kind of work) General nature of Industry, siness, or establishment in hich employed (or employer) IIRTHPLACE (State or country) August Carlot Country	Oremature Birth (monile) Born dead (Duration) yrs. mos. ds. Contributory Secondary
ARENTS	10 NAME OF FATHER Earla Smith 11 BIRTHPLACE OF FATHER (State or country) Zueen Orne-Co. Md. 12 MAIDEN NAME	(Signed) W. Yeury Juster Mos. ds. (Signed) W. Yeury Juster M. D. Tet 14, 191 X (Address) Leutreville had *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	of Mother Tose fline Coker, 13 BIRTHPLACE OF MOTHER (State or country) Queen Quee G. Ind THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Toselline Coker (Mother)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
16	(Address) Contenies hid-	19 PLACE OF BURIAL OR REMOVAL Lentreville MA Del 1914 20 UNDERTAKER ADDRESS

REGISTRAR

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Statement of cause of death—Namc, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie cer" is less defiuite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," vatvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae ctc., when a definite disease can be ascertained as the geuital," "Seuile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory Meastes (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for Never report



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for death), 29 ds.; "Exhaustion,"



	RECORD	PHYSICIANS should state to of OCCUPATION IS very
No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

1. 0	ACE OF DEATH	1863	STATE OF MA CERTIFICATE OF Registration Di	
	FULL NAME		St.; Ward	[it death occurred in a hospital or institution, give its NAME instead of street and number.]
PEI	RSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
male?	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWEO, W. Loweld ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	(Day (Year)
8 DATE OF B		May (Year)	that I last ssw hard alive on Tes	8 , 191.4. 4 , 191.4.
TAGE	ent 80.	If LESS than 1 day,hrs. mosds. ORmin. ?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	
(b) General nat business, or e	ssion, or of work	Bone	(Duration)	yrs. 2 mos. ds.
9 BIRTHPLAC (State or	eountry)	md	Contributory Secondary (Duration)	yrs. / mosds
W 12 MAID	HPLAGE ATHER te or country) EN NAME	Cooper	(Signed)	, M. D.
13 BIRTI	other te or country)	Md ST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, It not at place of death?	S. INSTITUTIONS, TRANSIENTS
	mills	ngton #1	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Mid	8,1914 24	Carlos REGISTRAR	Bradley+ franks	Complex

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be eutered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tubcreucesis of lungs, meninges, peritonaeum, etc., Carein-

ample: Mcustes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou thre of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), need not be stated unless important. (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL scptichae-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Queen anne Registration Dist. No. 255 [It death occurred in St.: Ward) a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from 14 , 191 to Tel- 23 DATE OF BIRTH sel 1832 that I last saw he alive on Tel 14 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at _____ 1 dayhrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment In (Duration) _____yrs.___mos. which amployed (or amployar) -----Contributory.... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Act 24, 1914 (Address).... ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY It not at place of death?. Former or usual residenca. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Countlan 15 20 UNDERTAKER ADDRESS

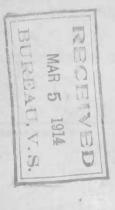
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of ago tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many ocenhations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ample: * "Collapse," "Coma," "Convulsions," "Debility" ("Conthena." "Anaemla" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sareoma, ctc., of..... (name origin; "Can mia," "PUERPERAL poritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "Asetc. The contributory (secondary or intercurrent) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as Bronchameumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." scpsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," cte.), (Recommendations on statement of may be stated under the head of (disease cansing death), 29 ds.; "Dropsy," "PUERPERAL septichae-"Exhanstion," Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH (SOUNTY DILLING A MILE, 65. Village or City Sudlers will (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2 5 [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PSEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH (Month) (Day) (Year) 17
(Month) (Day) (Year)	that I list saw her alive on Felry 17th, 1914
7 AGE if LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at 1043 km, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. 6 mos. ds. Contributory Colombia 2 5 (Secondary) (Oeration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER 12 Maiden Name OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. , 191 (Address) Les velles Med *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Statebur Hullips	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the of death yrs, mos, ds, "State yrs, mos, ds, Where was disease contracted, It not at place of death?" Former or usual residence.
(Address). Surales valle "Mcd". 15 Filed Fich 19, 1914 R H Phillips Yor pal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Suddersville m d Feb 20, 1817 20 UNDERTAKER Joseph a Staffer d suddersville n d 16 E. Franklin St., Belto, Requesting V. S. No. 1.
If more blanks are needed, address State Registra	L'G E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIANS should state of OCCUPATION is very RECORD statement RMANENT Exact classifled. pe should properly AGE INK pe may = that 80 MARGIN terms, should plain Information = DEATH 50 10 Item Every Item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2-50 Mary oll mo Ilt death occurred in St:Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased to 17 6 DATE OF BIRTH (Month) (Dny) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hra. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or amployer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 0 11 BIRTHPLACE Z (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ARE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State or country of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL (Address) .--15 sudbisme REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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PHYSICIANS should of OCCUPATION IS RECORD statement classified. Droberiv supplied. pe O may 80 terms. plain 2 DEATH Every Item CAUSE OF Important.

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instructions

1 PLACE OF DEATH

Registration Dist. No... [If death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number.] u tching 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE ... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ... State ds. Where was disease contracted. If not at place of death? Former or usual residence 15 20 UNDERTAKER non REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer who have no occupation whatever, write Nonc. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .:Ward) a hospital or institution. give its NAME Instead of street and number.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, Rusy 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIEY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 27, 191 (Affress) 0 OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the (State or country) ot death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) 15 29 UNDERTAKER AQDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; For vio-



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# 43.043	
PLACE OF DEATH	STATE OF MARYLAND
County Freen home	CERTIFICATE OF DEATH
Harmond State Comment of the San State Comment	Registration Dist. No. 2. 5.7
* FULL NAME OF CHEST Coderas	St: Ward) [If death occurred to a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male That Single, Lugger MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 2 I HEREBY CERTIFY, Ihat J attended deceased from
S DATE OF BIRTH Sty (6 , 1914 (Month) (Day) (Year)	that I last saw herealty on July 16 1914
AGE 6 Yours 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Frade, profession, or particular kind of work.	Junative Buth
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos os.
(State or country) Combiercele, ml	Contributory Securation Problems ds. (Becondary)
10 NAME OF Elbert Edwarf Murmard	(Signed) Afformace, M. D.
Z (State or country) Lalena Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
12 MAIDEN NAME Macy Caller	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Filto DM	At place In the of death yrs mos ds. State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) & & & & & & & & & & & & & & & & & & &	Where was disease contracted, If oot at place of death? Former or usual residence
(Address) Cantrevella Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2/6, 191 A A A RECISTRAR	20 UNDERTAKER ADDRESS
of more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified; is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of ... -Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARII 1914
BUREAU. V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Leven Giral Land	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 3 [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Morth) (Day (Year) 17 I HEREBY CERTIFY, That Lattended doceased from 191, to 191
7 AGE (Month) (Day (Year) 1 LESS than 1 day, hrs. yrs. mos ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as OHows:a
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	of Heart (Duration) yrs mos ds.
10 NAME OF FATHER Charles H. Jurney 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Aurafield) (Signed) (Signed) (Address) (Address) (Address) (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 19 Co. MA	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Howard I grown	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
Filed Feb. 15: 1914 F.C. Showash	19 PLACE OF BURIAL OR REMOVAL NECESTIAN 1914 20 UNDERTAKER ABORESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

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state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. 2 Ilf death occurred to St.:....Ward) a hospital or Institution, RECORD give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT 18 DATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. ONIONI (Month) (Day) Write the word HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Year) m (Month) (Day) pe 7 AGE If LESS than and that death occurred on the date stated above, at 10 should f day hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly BOCCUPATION (a) Frade, protession, or supplied. (b) Geoeral nature of Industry. be business, or establishment in (Duration) may which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) that C 10 NAME OF FATHER (Signed) 80 0 MARGIN be back 11 BIRTHPLACE plain terms, ARENT should OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place In the OF MOTHER (State or country) EATH ___ yrs. mos. State . Where was disease contracted. If not at place of death? of A Item OF usual residence mportant. Every Ite LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to defermine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unles valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the mportant. Never report



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RECORD	PHYSICIANS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA
WRITE PLAINLY, WITH UN	ery item of Information should be care
	YA S

state	PLACE OF DEATH	STATE OF MARYLAND
	County Lucen Claries	CERTIFICATE OF DEATH
No		Registration Dist. No.23
YSICIANS should OCCUPATION is	Village or City Stinemarille (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
H o	2FULL NAME //arua &. Lou	ertf
.Y.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTI staten	Jemale Hite Single, Married Widowed, Widowed, (Write the word)	(Month) (Day (Year)
s stated	Sept. 16 1839	17 I HEREBY CERTIFY, That I attended deceased from af tradicion trus 191 to Peby 75 191 4 100 1 100 100 100 100 100 100 100 10
id be	7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at
shou r cla	74 yrs 5 mos 9 ds OR min.?	The CAUSE OF DEATH* was as follows:
supplied. AGE may be properlie.	(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed for employer)	(Duration) Oyrs mos ds.
efully hat it prtificat	9 BIRTHPLACE (State or country) Kentel slund ma	Secondary (Doration) yrs mos / 4 ds.
so the sark of ce	on 11 DIPTURE Samuel White	(Signed) Levay Rough 30.
terms on bac	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
mation a in plain ructions	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
of Info	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Mos ds
	(Informant) 6 tizaleth 6 downery	Former or usual residence.
B.—Every item CAUSE OF Important.	16 Filed Febr 25 1914 F. C. Thomas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL APPRESS APPRESS
ż	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indishould be taken to report specifically the occupations the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origiu; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing ture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustion,"



PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

PHYSICIANS should of OCCUPATION is RECORD Exact statement of stated EXACTLY. properly classifled. should be AGE carefully supplied. N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate. WRITE PLAINLY, WITH

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Ounty Steen Court Village or City Lape (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252 St.; Ward) The street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color of Race Single, Married, Ongle Orbivorcto (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Jebruary 10, 1914 (Month) (Day (Year)	
7 AGE If LESS than 1 day,hrs. ORmln. ?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Near Hope, Inl.	Contributory Secondary (Doration) yrs mos ds
10 NAME OF FATHER Chas. Mathews 11 BIRTHPLACE OF FATHER (State or country lennsylvania 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Address) Carterille MCA *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Ruice Ses. Cs., Med	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Cleso. Mathews (Address) R.J.D.#4 Outreville, Ind	If not at place of death? Former or usual residence. 19 PLACE/OF BURIAL OR REMOVAL 20 DIDERTAKER ADDRESS
Filed 1917 Office of REGISTRAR	Robt. M. Eddins Centreville.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably valvular heart disease; Chronic interstitial nephritis, "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion," Ex-



PHYSICIANS should state of OCCUPATION IS very

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N. B.—Every item of CAUSE OF I

RECORD

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County Certains	Registration Dist. No. 254
VIIIage or City Winchester (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, windowed, Single or Divorces or D	16 DATE OF DEATH Teby 28, 1914 (Month) Day (Year) 17 I HEREBY CERTIFY. That hattended deceased from
6 DATE OF BIRTH Mignth) (Day (Year)	Musuation 3. Febru 27 with
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2 P.m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry,	Glandular and Julmonary
business, or establishmeot in which employed (or employer)	Subtractors (Duration) yrs mos ds.
*BIRTHPLACE (State or country) Queen anné Co.	Contributory Secondary (Buration) yrs mos ds.
on 11 BIRTHPLACE John F. Quail	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country well annex Co. 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or countralen annés Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds
(Informant) H Huarl	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Fords Store, md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3 / 1914
Flied Mar, 1,1914 W. C. Mc Connor	20 UNDERTAKER APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. Groeery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-



scpsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) "Contributory." by earbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



Co	PLACE OF DEATH 1875	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 25
v	illage of City Rice (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, DR DIVORCED (Write the word) 14 1866	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 1
	(Month) (Day) (Year) (E If LESS than 1 day,	and that death occurred on the date stated above, at
PARENTS (b) (c) (d) (d) (d) (d) (d)	deneral nature of Industry, ness, or establishment in the employed (or employer) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) (Address)	(Signed) (Duration) Jrs. mos. ds. (Signed) (Secondary) (Signed)
File	of Fish 26, 1914 Rtb hillips Local Registran If more blanks are needed, address State Registran	20 UNDERTAKER ADDRESS HOE Milson Barday
	Carlo Megia (12)	-,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may he indi-CAUSING DEATH, state occupation at heginning of illshould he taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purpersal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla sepsis, tetanus) may he stated under the head of LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of _ ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -H art fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronical cer" is icss definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Near Drumston (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-4 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX MALL 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH St. / A
Tage 7 Months 1 1 (Month) 1 (Day 1913 (Year) 1 (Year) 1 (Age) 1 (A	that I last saw h alive on Feb 19h 1914. and that death occurred on the date stated above, at 7 a. m. The CAUSE OF DEATH * was as follows:
(a) Trada, profession, or particular kind of work	Marks mas Can from non June rock mu (Duration) yrs. mos. ds. Contributory Secondary
(State or country) New Druces for The Country of Th	(Signed) Joseph (M. D. Janes) (Address) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) New Juens to Jud 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) AS Lane In Leo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or
(Address) Queens town Int 16 Filed Selv 2, 191.4 Melloonus Flegistran	USUAL TOSIGENCE. 19 PLACE OF BURIAL OR REMOVAL My heal Wolchung Jac 2, 1914. 20 UNDERTAKER ADDRESS LITERATOR & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Curonic interstitial nephritis mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septiebaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopucumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for FOR VIO-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occorred in St.:...Ward) a hospital or Institution. give its NAME lostead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED, (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That Lattended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at a 1 dayhrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER EN (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ State Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc... Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scpticharetc., when a definite disease can be ascertained as the Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Con mere symptoms or terminal conditions, such as "As thenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis uant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) Bronchopncumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 ds.: oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin: "Can State cause for Never report Examples: For vio-



N.B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS may be See Instructions on back of certificate. PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s DEATH In plain important.

PLACE OF DEATH Village or City hear Queeno hor (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:----....Ward)

Ilf death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME LEWIS J. Sud les	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black (Single, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH July (Month) (Day (Year)
TAGE TAGE TO DATE OF BIRTH Solution (Month) (Day (Year) (Year) (Year)	that I last saw here alive on the date stated above, at 5.4 m. The CAUSE OF DEATH* was as follows:
yrs mos ds OR min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which ampliand (or ampliance)	Lobor Prenmonia (Duration) yrs mos 3 ds.
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Charles Hutchins 11 BIRTHPLACE OF FATHER (State or country) 2 Maiden NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 2 Maiden NAME OF MOTHER (State or country) 2 Maiden NAME OF MOTHER (State or country) 2 Maiden Ame OF MOTHER (State or country) 3 Maiden Ame OF MOTHER (State or country)	Contributory (Buration)
(Informant) levrelle Sur lev (Address) leur muchau 16 Filed Felu 16 1914 REGISTRAR	Where was disease contracted, If not at piace of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lower Jah // 1914. 20 UNDERTAKER ADDRESS June 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never returu "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway truin-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations ou statement of "Dropsy," State cause for "Exhaustion," Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	/ item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very	
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED, 4 ORDIVORCEO (Month) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Dav TAGE It LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary ald a 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUCIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ ds Where was disease contracted. If not at place of death? Former or (Intermant) usual residence. (Address) 15 20 UNDERTAKE REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for

